Illinois State Fair

GENERAL ENTRY BLANK

DEADLINE: POSTMARKED JULY 15TH

COMPETITIVE EVENTS OFFICE P. O. Box 19427 Springfield, IL 62794-9427 Phone: 217/782-0785

MAIL ENTRIES TO: ILLINOIS STATE FAIR

Use Separate Entry Blank for Each Entry Department
FOR CLOSING DATE OF OTHER CLASSES, SEE HEAD OF EACH DEPARTMENT
MAKE CHECKS PAYABLE TO: ILLINOIS STATE FAIR NO REFUNDS

| Division | Class Number | Description Use the Wording of the Premium List |
|----------|-----------------|---|
| | | 1 |
| | | 2 |
| | | 3 |
| | | 4 |
| | | 5 |
| | | 6 |
| | | 7 |
| | | 8 |
| | | 9 |
| | | 10 |
| | | 11 |
| | | 12 |
| | | 13 |
| | | 14 |
| | | 15 |
| | | 16 |
| | | 17 |
| | | 18 |
| | Division | Division Class Number |

By signing this form, I certify that I have received and read the contents of the Premium Book, including the section entitled Ethical Care and Exhibiting of Animals, and that I will abide by all applicable rules and guidelines contained therein, including specific rules relating to the administration of drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois. X Exhibitor Date Juniors.....\$1.00 per class Exhibitor's Name __ Culinary, Textile, Hobbies & (Jr. Exhibitor State Age_ Bee Culture.....\$2.00 per class Amateur Art.....\$5.00 per class Floriculture.....\$2.00 per class Street or R.F.D. Gladiolus.....\$10.00 per day Roses\$10.00 per day ____ State_____ Zip Code ___ Hosta\$10.00 per day Dairy Products.....\$7.00 per item Ag Products\$1.00 per class Admission Passbook (13-59)......\$60.00 Email Auto Sticker\$40.00 Social Security # or FEIN # of Firm or Corp. TOTAL (ONLY NEW EXHIBITORS) Receipt #_____ Exhibitor #___

CONDITION OF ENTRY

| Depart- ment | Division | Class Number | Description Use the Wording of the Premium List |
|-----------------|----------|-----------------|--|
| | | | 19 |
| | | | 20 |
| | | | 21 |
| | | | 22 |
| | | | 23 |
| | | | 24 |
| | | | 25 |
| | | | 26 |
| | | | 27 |
| | | | 28 |
| | | | 29 |
| | | | 30 |
| | | | 31 |
| | | | 32 |
| | | | 33 |
| | | | 34 |
| | | | 35 |
| | | | 36 |
| | | | 37 |
| | | | 38 |
| | | | 39 |
| | | | 40 |
| | | | 41 |
| | | | 42 |
| | | | 43 |
| | | | 44 |
| | | | 45 |
| | | | 46 |

| Name | Exhibitor # |
|------|-------------|
| | |
| | |
| ID# | Receipt |